



Motor Vehicle Division

70-7610e R05/03 www.dot.state.az.us

Mail Drop 521M
Motor Carrier and Tax Services
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

AVIATION / MOTOR VEHICLE FUEL REFUND REQUEST

Must be completed in full and mailed to the address above.

Refund Period Beginning Date		Refund Period Ending Date	
Claimant Name		Phone Number ()	
Claimant Mailing Address	City	State	Zip

All requests must be submitted within 6 months of purchase. No more than one request may be submitted for any one person in a 6 month period, if allowable claim is less than \$10.

Aviation Fuel - Agricultural Use

Total Aviation Gallons Claimed	Tax Rate x \$0.05	Aviation Refund Amount (A)
--------------------------------	----------------------	----------------------------

Motor Vehicle Fuel (Unleaded Gas) - Aircraft - Agricultural Use

Gallons Claimed	Tax Rate x \$0.18	Refund Amount
-----------------	----------------------	---------------

Motor Vehicle Fuel (Unleaded Gas) - Aircraft - Other Use

Gallons Claimed	Tax Rate x \$0.13	Refund Amount
-----------------	----------------------	---------------

Motor Vehicle Fuel (Unleaded Gas) - Other Vehicles/Equipment

Gallons Claimed	Tax Rate x \$0.18	Refund Amount
-----------------	----------------------	---------------

Total Gasoline Gallons Claimed		Gasoline Refund Amount (G)
--------------------------------	--	----------------------------

Total Refund Due (A + G)

An equipment list must be attached with the initial request for refund. Any subsequent additions or deletions must be noted below or on a separate attached list. ☐ List is attached

	Equipment (Year, Make, Model)	Aircraft Registration Number	Equipment Serial Number	Fuel Tank Capacity (Gallons)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change				
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change				
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change				
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change				

I certify that I paid the tax on all of the gallons claimed above, that the original, unaltered invoices attached are for fuel purchased for and used off-highway. Any person submitting a false claim, in addition to other penalties prescribed by law, will not be allowed any refund on aviation or motor vehicle fuel purchased for 6 months.

Authorized Signature	Title	Date
----------------------	-------	------

Authorized signer must be the taxpayer or officer representing the taxpayer (others require that a **power of attorney** be attached or on file with MVD).

Preparer Name		Title	
Preparer Signature	Phone Number ()	Date	

Account Number (MVD Use) G -

Claim Number (MVD Use)
